

09/530968

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10			9		9	
11			9		9	
12			9		9	
13			9		9	
14		1		1		1
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19			2			
20			2			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
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35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			2		2	
TOTAL DEP.			57		83	
TOTAL						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

BEST AVAILABLE COPY